

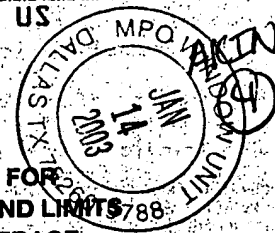
Exhibit B



**POST OFFICE
TO ADDRESSEE**



EL 930204965 US



**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE**

Customer Copy
Label 11-F August 2000

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code: 75222	Day of Delivery: <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate Envelope: <input type="checkbox"/>	
Date In: 1/14/03	Time In: 1:50 PM	Postage: \$ 13.65	Return Receipt Fee: \$
Weight: 2 lbs.	Int'l Alpha Country Code:	COD Fee:	Insurance Fee:
No Delivery: <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials: RW	Total Postage & Fees: \$ 13.65	

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY: ☐ Weekend ☐ Holiday

Customer Signature: _____

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No.:

FROM: (PLEASE PRINT) PHONE: 214, 969-4669

Christopher J. Rourke
AKIN, GUMP, STRAUSS, HAUER
1700 PACIFIC AVENUE
SUITE 4100
DALLAS, TX 75201-4675
044600-0003 (B69393)

Federal Agency Acct. No. or
Postal Service Acct. No.:

TO: (PLEASE PRINT) PHONE:

BOX: PG PUB
Commissioner for Patents
Washington, D.C. 20231

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



BEST AVAILABLE COPY